

4. For promotions prompting this registration, contributions received are to be used in the following manner:

5. Individual and/or officer who will have custody and responsibility for distribution of contributions:

_____(_____)_____
NAME TELEPHONE NUMBER

ADDRESS CITY STATE ZIP CODE

6. Period of time promotion is to be conducted: Begin ____/____/____ End ____/____/____

7. Please check one or more methods of solicitation the organization anticipates using:

☐ Telephone appeals ☐ Sale of goods or services ☐ Combined appeals
☐ Grant writing ☐ Special events ☐ Auctions
☐ Direct mail ☐ Door-to-door solicitations ☐ Other _____

8. If your organization will be soliciting contributions via the Internet, please provide your Web site: _____

9. Will you be utilizing a paid solicitor(s)? If so, please check the appropriate description:

☐ Paid solicitor ☐ Voluntary unpaid solicitors ☐ Both

10. If you are utilizing a paid solicitor(s), provide the following information:

A. Name(s) of paid solicitor(s)

B. Complete address(es) and telephone number(s)

11. If you are utilizing fund-raising counsel(ors), provide the following information:

A. Name(s) of fund-raising counsel(ors)

B. Complete address(es) and telephone number(s)

12. If you are utilizing a commercial co-venturer(s), provide the following information:

A. Name(s) of commercial co-venturer(s)

B. Complete address(es) and telephone number(s)

13. Please list any other names by which this charity is known and/or any and all special promotional names you will be using: _____

14. How is this registrant organized (corporation, association, etc.)? _____
15. In what state is the registrant incorporated and/or organized? _____

I swear and/or affirm, under penalty of law, that the foregoing representations are true and accurate.

Date Signed

Name of Charitable Organization

BY:

Signature

Title

Printed Signature

NOTARY

STATE OF _____)
) SS.
COUNTY OF _____)

Subscribed and sworn to, before me, a Notary Public in, and for, said County and State, this _____ day of _____, 200____.

My Commission Expires:

_____/_____/_____

Signature of Notary Public

County of Residence

Printed Signature
